

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045274

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317  
FILED DEC 3/1962

500

3458

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Affton

Length of stay in 1b

16-yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

7658 Rock Hill

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

Affton

d. STREET

ADDRESS

(If outside, give location)

7658 Rock Hill

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Thomas

Middle

Henry

Last

Grob

## 4. DATE OF DEATH

Month

Nov.

Day

25,

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12/24/99

## 9. AGE (last birthday)

62

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Advertising Salesman

## 10b. KIND OF BUSINESS OR INDUSTRY

Post-Dispatch

## 11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Henry S. Grob

## 13b. MOTHER'S MAIDEN NAME

Jane McCord

## 14. NAME OF HUSBAND OR WIFE

Erma

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

yes

W.W. #1

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Erma Grob - 7658 Rock Hill

18. CAUSE OF DEATH (Enter only one cause per line if  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

instant

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Arteriosclerosis

10 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

1958

1962

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her  
him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ 3:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Type or title)

## 22b. ADDRESS

2244 Union Road, 25

## 22c. DATE SIGNED

11-11-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

Nov. 29, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Valhalla Chapel of Memories, St. Louis Co., Mo.

## 23d. LOCATION (City, town, or county)

## 24. FUNERAL DIRECTOR

ADDRESS

WACKER-HELDERLE-3634 Gravois Ave.

## 25. DATE RECD. BY LOCAL REG.

11-27-62

## 26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.